

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	64694	11/30
O.I.P.E. CLASSIFIER		2	9/15
FORMALITY REVIEW	RS	61730	7-24

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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3	2/24/89
4	4/13/00
5	5/14/13
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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